

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

MADAMIC

01/02/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Laura Altfillisch				
Jeffersonville / AssuredPartners NL 4500 Town Center Blvd., Suite 200		AX A/C, No):			
Jeffersonville, IN 47130	E-MAIL ADDRESS: laura.altfillisch@assuredpartners.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : Selective Insurance Company of A	America 12572			
INSURED	INSURER B : PinnaclePoint Insurance Compan	y 15137			
Koetter Construction Inc.	INSURER C: Colony Insurance Company	39993			
7393 Pete Andres Rd	INSURER D:				
Floyds Knobs, IN 47119	INSURER E:				
	INSURER F:				
COVED A CEC CEPTIFICATE NUMBER.	DEVICION NUME	ICD.			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	NSR TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS			
Α	X COMMERCIAL C	ENERAL LIABILITY					,, <u> </u>	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MA	DE X OCCUR	Х		S2049728	01/01/2018	01/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE I	IMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000	
	X POLICY X F	RO- ECT X LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:							EBL AGGREGATE	\$	3,000,000	
Α	AUTOMOBILE LIABIL	TY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		Х		S2049728	01/01/2018	01/01/2019	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY	X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X UMBRELLA LIA	X OCCUR							EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB	CLAIMS-MAE	E		S2049728	01/01/2018	01/01/2019	AGGREGATE	\$	10,000,000	
	DED X RET	ENTION \$	0						\$		
В	WORKERS COMPENS AND EMPLOYERS' LIA	ATION BILITY						X PER OTH-			
	INV PROPRIETOR/PARTNER/EXECUTIVE		N/A		WCP7001120	01/01/2018	01/01/2019	E.L. EACH ACCIDENT	\$	500,000	
	OFFICER/MEMBER EX (Mandatory in NH)	CLUDED?	J N / A					E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OP	ERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
С	Pollution Liabilit	,			PP219536	08/10/2017	08/10/2018			1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lexington-Fayette Urban County is an additional insured in regards to the general liability and automobile coverage as required by written contract.

CERTIFICATE HOLDER	CANCELLATION

Lexington-Fayette Urban County 669 Byrd Thurman Lexington, KY 40507 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Todd Stalide